

PARC D'ACTIVITÉS GARIGLIANO 38200 VIENNE • FRANCE TEL: (33) 04 74 78 15 15 FAX: (33) 04 74 78 15 16 INTERNET EMAIL: NEWDEALFR@AOL.COM AUG 3 0 2001

K011716

## SUMMARY OF SAFETY AND EFFECTIVENESS

SPONSOR IDENTIFICATION: A.

> NewDeal SA Parc d'Activitiés Garigliano Rue de la Convention **38 200 VIENNE FRANCE**

Tél.: (33) 4 74 78 15 15 Fax: (33) 4 74 78 15 16

ESTABLISHMENT REGISTRATION NUMBER: В.

9615741

OFFICIAL CONTACT PERSON C.

> Norman F. Estrin, Ph. D., RAC President Estrin Consulting Group, Inc. 9109 Copenhaver Drive Potomac, MD 20854 estrin@yourFDAconsultant.com

Tel.: (301) 279 -2899 Fax: (301) 294-0126

DATE OF PREPARATION OF THIS SUMMARY: May 31, 2001 D.

UNI-CLIP® STAPLE PROPRIETARY (TRADE) NAME: E.

Bone fixation staple F. **COMMON NAME:** True compression, adjustable and controlled.

**CLASSIFICATION NAME AND REFERENCE:** G.

Staple, Fixation, Bone (21 CFR, Section 888.3040)

Class II PROPOSED REGULATORY CLASS: H.

**DEVICE PRODUCT CODE:** I.

87JDR

OR PANEL CODE: J.

- **DESCRIPTION OF DEVICE:** The UNI-CLIP® STAPLE is designed so that, K. by widening the "diamond", mechanical deformation leads to narrowing of the interaxis of the two legs. The surgeon can obtain a true compression, adjustable and controlled, with many choices of size.
- The UNI-CLIP® STAPLE is implanted for fixation of bone INTENDED USE: L. fractures or for bone reconstructions.
- The "new" UNI-CLIP® STAPLE is INDICATIONS FOR USE: M. indicated for fixation of bone fractures or for bone reconstruction, Examples includent:

Arthrodesis in hand or foot surgery

Mono or Bi-cortical osteotomies in the foot or hand

Fractures management in the foot or hand

Distal or proximal metatarsal or metacarpal osteotomies

- Fixation of osteotomies for Hallux Valgus treatment (such as Scarf, Chevron, etc.)
- PREDICATE DEVICE: The "new" UNI-CLIP® STAPLE is substantially equivalent to the UNI-CLIP® STAPLE (K991482), the Memory Staple(DePuy) N. (K964226), the memograph Staple (Biomedical Ent) (K993714), the EIS Dynamic Memory Staple (Groupe Lepine) (K991962), the HTO Compression staple (Howmedica) (K895117), or the Richards Fixation Staples (Smith and Nephew Richards).
- COMPARISON OF TECHNOLOGICAL CHARACTERISTICS: O.

Both the UNI-CLIP® STAPLE have the same intended of use and all are indicated for fixing small fractures or osteotomies. All are made from stainless steel.

SUMMARY OF STUDIES: Torque of divergence and strength of compression of Ρ. the Rupture torque of the "new" UNI-CLIP® STAPLE is the same as for the device currently cleared and found to have a resistance to torsion in compliance with the selected standard.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

AUG 3 0 2001

NewDeal SA c/o Norman F. Estrin, Ph.D. President Estrin Consulting Group, Inc. 9109 Copenhaver Drive Potomac, Maryland 20854

Re: K011716

Trade Name: Uni-Clip® Staple Regulation Number: 888.3030

Regulatory Class: II Product Code: JDR Dated: May 30, 2001 Received: June 4, 2001

Dear Dr. Estrin:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

Page 1 of 1

510(k) Number (if known): K011716

Device Name: Uni-Clip Staple

Indications For Use:

The "new" uni-clip® staple is indicated for fixation of bone fracture or for bone reconstraucion, including:

- Arthrodesis in hand or foot surgery
- Mono or Bi-cortical osteotomies in the foot or hand
- Fracture management in the foot or hand
- Distal or proximal metatarsal or metacarpal osteotomies
- Fixation of osteotomies for Hallux Valgus treatment such as scarf, chevron, etc.

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)

Division of General, Restorative

and Neurological Devices

KOII 716

510(k) Number\_

OR

Over-The-Counter Use No

(Optional Format 1-2-96)

Prescription Use Yes (Per 21 CFR 801.109)